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Statement submitted by Asian-Pacific Resource and Research Centre for Women, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement

The Asian-Pacific Resource and Research Centre for Women was formally established in 1993 as a regional non-profit and non-governmental organization concerned with ensuring that development policies and plans influencing women's health status included women's and gender perspectives. The vision of the organization is for women and young people in Asia and the Pacific to be better able to define and control their lives, particularly in the area of health and sexuality. Since 1993, it has been able to make significant progress towards this vision. The organization recognizes the importance of working with young people, especially to ensure that the voices of young women and girls are taken into account within the decision-making, planning, implementation, monitoring and evaluation processes.

Young people today are living in a world where the opposition to sexual and reproductive health rights builds from strength to strength by handing down resources, experience and institutional support from generation to generation; the progressive advocates of the sexual and reproductive health rights movement have yet to achieve effective, sustained and reliable transition systems of the next line of leadership development.

Young people today are the largest population of young people in human history. Worldwide, the number of youth increased from 461 million in 1950 to 1.21 billion in 2010. Currently, Asia has the largest number of youths, which comprises 754 million. According to the Department of Economic and Social Affairs, their number has almost tripled since 1950. Unfortunately, young people today also face multilayered problems. Every five minutes a young person commits suicide, often due to emotional and social problems related to sexual and reproductive health, such as sexual violence and the breakdown of relationships. On top of that, the South-East Asian and Pacific regions have the second highest HIV prevalence rates, with about 1.27 million young people living with HIV.

There is also the issue of access by young people, especially young girls, to comprehensive information in regard to sexual and reproductive health and rights. National surveys conducted in 2009 found that 40 per cent of young males (ages 15-24) and 36 per cent of young females had accurate knowledge regarding HIV — still well below the 95 per cent goal for young people's HIV knowledge unanimously endorsed by Member States in the Declaration of Commitment on HIV/AIDS. Young girls in the region are faced with the politics of gender inequality, puberty, and parental and marriage consent, which pose further challenges to obtaining accurate and reliable information about their own bodies and sexuality.

The organization analysed the progress achieved in 12 Asian countries in respect of the 15-year review of the International Conference on Population and Development and found the progress on imparting sex education and sexuality education to adolescents to be uneven and sketchy. Less than 30 per cent of the countries have made attempts to introduce sex education into the curriculum, although more countries claim that some aspect of sex education is integrated within existing subjects in the present curriculum.

In addition, in most countries unmarried young people still face many barriers, some legal, some socially discriminatory, to accessing the sexual and reproductive health services. It is clear from the lack of provision of education, information and services to young people who are in dire need of these that Governments in the

region are hesitant to recognize the role of sexuality beyond its function in reproduction.

Most young people become sexually active by the age of 20, however their access to contraception information and services is low. The lack of access to contraception and safe abortion services puts young women and girls at risk of unsafe abortions aggravating their health risks. Furthermore, there is a lack of disaggregated reliable data on the unmet need for contraception among young people.

Youth employability, basic livelihood and entrepreneurship have become the main targets for the international donor community in giving financial support for and in investing in young people's issues. This is at the expense of the issues of young people's gender equality, human rights and health (especially sexual and reproductive health and rights, which include HIV/AIDS), which are sidelined from the priorities. On top of that, according to research conducted by the Association for Women's Rights in Development, the need for funds to support initiatives that address issues related to young women and girls has doubled, and accessing sustainable funding has become a major barrier. Furthermore, the South-East Asia subregion accounts for only 2 per cent of overall projects implemented for advancing the leadership mobilization of young women and girls. Financing young people's issues is still perceived as a luxury.

In recognition of these facts, the organization has invested in the development of a young people's advocacy partnership project on sexual and reproductive health rights, the Women's Health and Rights Advocacy Partnership in South-East Asia.[1] Initiated in 2009 and focusing on the issues of young people, HIV and education, the Partnership has generated advocacy around young people's access to comprehensive sexuality education, which is defined and led by grass-roots youth activists from marginalized communities of young people, including from Myanmar (Burma Medical Association, the Migrants Action Programme and the Myanmar Positive Women's Network); Cambodia (Reproductive Health Association of Cambodia); China (Yunnan Health and Development Research Association); Indonesia (Yayasan Jurnal Perempuan); the Lao People's Democratic Republic (University of Health Sciences); the Philippines (Likhaan); and Viet Nam (Centre for Creative Initiatives in Health and Population).

Some initial results include the successful mobilization of local youth to mainstream young people's sexual and reproductive health rights — issues related to community council priority issues in Siem Riep, Cambodia, which has enabled young people, especially young women, to enjoy free services in public clinics. It has also led to the creation of the first ethnic group leadership network for young women of the Jingpo people along the China-Myanmar border, which addresses the urgent need to include young women and girls in issues related to harm reduction

[1] The Women's Health and Rights Advocacy Partnership in South-East Asia initiative is part of a wider strategy of the Asian-Pacific Resource and Research Centre for Women that aims to create international partnerships for advocacy across the Asia-Pacific region. Initially implemented in the South Asian subregion, it now reaches out to over 247,780 marginalized women and girls, through 140 community-based organizations, working through 18 national partner organizations across 14 countries in the Asia-Pacific region. The critical contribution of a regional partnership platform is the capacity to create an advocacy entity that is, by its collective nature, larger than any one in-country or regional partner alone.

intervention; to discussion about pleasure and virginity and the relationship to religious fundamentalism among young people in Indonesia as a step to create the largest youth network on sexual and reproductive health rights; to attaining young factory workers rights in Viet Nam, in respect of upholding their sexual rights, through their workers' rights movement; and to the mobilization of 180 cross-sector youth networks in the Philippines aimed at asking for a reproductive and health rights bill to address the needs of young people and adolescents in this regard.

The initiative's regional youth advocacy interventions have resulted in an increased presence of non-English-speaking youth leadership in a number of international and regional conferences, putting forth advocacy evidence and arguments that are grounded in the realities of the youth activists and their grass-roots constituencies. This is clearly an added value to the present youth leadership in sexual and reproductive health and rights, which tends to be more English-speaking and not always representative of communities of marginalized youth. Some immediate benefits of creating the advocacy platform for youth advocates, especially young women activists, have included mobilization and advocacy in regional and national forums.

Learning from our partners' work on the ground and evidence about the sexual and reproductive health and rights of young people in the region, we call upon Member States to recognize the universality of sexual and reproductive health and rights, with a focus on young people (including adolescents). We believe that Member States must:

- Invest in innovative funding schemes to support placing the sexual and reproductive health and rights of young women and girls at the centre of development priorities. Giving direct support to women's organizations and collectives and young people's initiatives promotes ample long-term support in advancing social change and equity.
- Move beyond meaningful participation towards creation of a systemic platform to support leadership by young people, especially young women and girls.
- Understand the multiple layers of marginalization and representation by specifically focusing on the diversity of young people, including young women and girls; young people living with HIV/AIDS; young migrant workers; young people who are lesbian/gay/bisexual/transgender/intersexed/questioning; young sex workers; young people who use drugs; and other young people who are denied their sexual and reproductive rights.
- Institutionalize universal comprehensive, gender-sensitive and evidence-based sexuality education curricula that enable young people (including adolescents) to make informed choices about their sexual and reproductive health and rights, and provide such comprehensive sexuality education in formal settings of schools and informal settings of communities. Furthermore, this comprehensive sexuality education is embedded in a human rights framework, which includes rights to be free from discrimination, coercion and violence, and rights based on positive ethical principles of bodily integrity, personhood, equality and respect for diversity that portrays sexuality in an affirmative way.
- Provide youth-friendly services to enable young people, especially young women and girls, to enjoy the full range of sexual and reproductive health services. This includes counselling, information, education, contraception

services, prenatal care, safe delivery and post-natal care, safe abortion services, including prevention and management of the consequences of abortion, the treatment of reproductive tract infections, sexually transmitted diseases, HIV/AIDS-related services and voluntary counselling and testing.